

State of Idaho
Department of Water Resources

FOR DEPARTMENT USE ONLY:
Application Status: ☐ Approved ☐ Denied
☐ Cancelled ☐ Withdrawn
Drilling Company License #:

APPLICATION FOR A WELL DRILLING COMPANY LICENSE

SECTION A – INFORMATION REGARDING THE DRILLING COMPANY

Name of Drilling Company: _____

Firm Representative or Principal Driller (Must be an Idaho Licensed Driller)

Last Name _____ First Name _____ Middle Name/Init _____

Primary Business Address:

Mailing: _____ Physical: _____

City: _____ State: _____ Zip: _____

Telephone Numbers:

Primary: (____) _____ Mobile: (____) _____ Fax: (____) _____

Email Address: _____

Drilling Company Owner (if different from Principal Driller):

Last Name _____ First Name _____ Middle Name/Init _____

Mailing: _____ Physical: _____

City: _____ State: _____ Zip: _____

Primary Phone: (____) _____ Fax: (____) _____

Show licenses or permits the Drilling Company was issued by other states relative to well drilling:

State	License Number	Period Licensed or Permitted

Company References: List names and phone numbers of three (3) “disinterested” persons who can attest to the Company’s past well drilling operations, if any, and related business activities. Please include reference letters from each.

Name: _____ Phone No: _____

Name: _____ Phone No: _____

Name: _____ Phone No: _____

All future documents and correspondence will be directed to the Principal Driller of the Company

Provide with this application a complete record of the well construction-related compliance history of the company, the owners, and the employees of the company. (Attach extra page if necessary) _____

WELL RIG INFORMATION

IDAPA Rule 37.03.10.31.f. states: The company license application must include “a list of all drill rigs and other related equipment owned or used by the company, including the type, make, and model.

Type	Year	Make and Model	Description
Air Rotary			
Auger			
Cable Tool			
Core Drill			
Direct Push			
Jetted			
Mud Rotary			
Reverse Circulation			
Sonic Vibration			

List of proposed Licensed Drillers employed by the Drilling Company and covered under the Well Driller's Bond

A completed Application for Licensed Driller's Card (Form 238-9) and appropriate fee must be submitted for each of the individuals listed in this table.

Principal Driller's Name		Phone No.	
Personal Mailing or Street Address	City	State	Zip
Licensed Driller Name		Phone No.	
Personal Mailing or Street Address	City	State	Zip
Licensed Driller Name		Phone No.	
Personal Mailing or Street Address	City	State	Zip
Licensed Driller Name		Phone No.	
Personal Mailing or Street Address	City	State	Zip

List of proposed Class II (CII) Operators

Class II Operators are required to receive adequate supervision as defined in the Idaho Well Driller Licensing Rules.

A completed Application for CII Operator's Permit and appropriate fee must be submitted for each of the individuals listed in this table.

CII Operator Name		Phone No.	
Personal Mailing or Street Address	City	State	Zip
CII Operator Name		Phone No.	
Personal Mailing or Street Address	City	State	Zip
CII Operator Name		Phone No.	
Personal Mailing or Street Address	City	State	Zip
CII Operator Name		Phone No.	
Personal Mailing or Street Address	City	State	Zip
CII Operator Name		Phone No.	
Personal Mailing or Street Address	City	State	Zip

List of proposed Class I (CI) Operators

CI Operators are entry level and are required to be supervised **at all times** while operating equipment.
 A completed Application for CI Operator's Permit and appropriate fee must be submitted for each of the individuals listed in this table.

CI Operator Name		Phone No.	
Personal Mailing or Street Address	City	State	Zip
CI Operator Name		Phone No.	
Personal Mailing or Street Address	City	State	Zip
CI Operator Name		Phone No.	
Personal Mailing or Street Address	City	State	Zip
CI Operator Name		Phone No.	
Personal Mailing or Street Address	City	State	Zip
CI Operator Name		Phone No.	
Personal Mailing or Street Address	City	State	Zip
CI Operator Name		Phone No.	
Personal Mailing or Street Address	City	State	Zip
CI Operator Name		Phone No.	
Personal Mailing or Street Address	City	State	Zip

If you have more names, please add them to this page.

SECTION B – CERTIFICATION – TO BE COMPLETED BY PRINCIPAL DRILLER APPLICANT

ATTENTION: Read the following paragraphs before signing this application.

A false or dishonest answer to any question in this application may be grounds for revocation or refusal to approve the Well Drilling Company's license. All statements made are subject to investigation.

I certify that I have read, understand, and will comply with all Idaho Statutes and Department Rules, including Start Card Procedures.

I certify that all of the statements made in this application are true and correct to the best of my knowledge.

Date

Signature of PD or Firm Official (as it will appear on Driller Reports)

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Receipt No. _____ Fee \$ _____ Date _____ Received by _____
Deposit to licensing fee account